

the poison is not especially determined to the nervous centres. Drunkenness and delirium tremens are comparative well known. And is not a good deal to be learned from the free use of alcohol as a therapeutic agent in phthisis? Unfortunately, we have ample opportunities of studying this subject, and all interested in the practice of medicine must welcome all anatomical and physiological results which throw light on affections often complicated and obscure.

CASES COMMUNICATED TO THE BOSTON SOCIETY FOR MEDICAL
IMPROVEMENT AND TO THE BOSTON MEDICAL
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BY THOMAS H. GAGE, M.D., OF WORCESTER.

CASE I.—*Inter-ventricular Opening in a Man of robust Health; Aneurism at the Origin of the Aorta, projecting and finally bursting into the Cavity of the right Ventricle.*—Dec. 26th, 1860, I was requested by Dr. Ames, of Holden, to examine the patient, and the following quotation is from my record of the case:—

Mr. H., now 19 years of age, has been perfectly healthy all his life, until within four weeks past, saving that in childhood he had measles, whooping cough and scarlet fever, all very mildly, and followed by convalescence every way favorable. He was an active, strong and very playful child, and capable of great endurance. He never had any lividity of surface. As he grew up, although wild and wayward, he was a willing and hard worker upon the farm. Some six months since he went to California, where, meeting with poor success, and having spent all his money, he determined not to remain. Unable to pay for a passage home further than the isthmus, he there enlisted in the navy of the United States, and took passage in a war vessel bound for New York. Having arrived just below that harbor, the ship lying within an eighth of a mile of shore, he availed himself of an opportunity at night when it was his watch, and having bound a life-preserver around him, jumped overboard and swam ashore, thence making the best of his way home on foot, a distance of quite two hundred miles. He reports that he was entirely well during his absence, and that he experienced no inconvenience from the effort or excitement of his escape from the ship.

About four weeks previous, while stooping, and lifting at a heavy stone, he was seized suddenly with a sharp, severe pain across the lower part of the chest, extending around to back. This was in the forenoon. The pain continued through that day, and he had a little cough, with slight expectoration of blood, which, however, subsided before next morning. From this time he began to be troubled with shortness of breath upon any unusual exertion, such as running, walking in the face of a high wind, up hill, or the like,

and gave up all work. His appetite somewhat failed him, but sleep continued quiet, and he could lie comfortably in the horizontal posture at night. He had a slight dull pain under short ribs of left side. Upon laying my hand over the cardiac region a very strong purring thrill was imparted to it, which seemed most intense immediately over the region of the aortic valves, and diminished in intensity in receding from that point in every direction, though remaining very distinct over almost the whole front of chest.

There was dulness upon percussion over the præcordial region, in a space at least four inches square; and there was decidedly increased impulse. There was a systolic and diastolic bellows-murmur, which seemed very superficial (i. e., near the ear), and which increased as the ear approached the aortic orifice, but was very loud at the apex, and also along the course of the aorta and the great vessels given off from the arch. This murmur was so loud that it was distinctly audible upon bringing the ear within an inch or two of the walls of the chest. There was a strong pulsation of the subclavians above each clavicle. The pulse was about 80, small and thrilling, and seemed unequal in the two radials, occasionally intermitting a beat, or giving one of very diminished volume. Respiration, while at rest, normal.

For three or four weeks the case went on without apparent change. On Friday evening, Jan. 20th, he went as spectator to a "dance," and remained until 12 o'clock, indulging somewhat freely in liquor. After his return home he could not sleep, and had urgent dyspnœa, which prevented him from lying down. He had also severe and continued vomiting, at first of undigested food, afterwards of green, viscid fluid, and at last of dark, "coffee-grounds" looking liquid. Saturday morning the dyspnœa increased in severity, attended by frightful paroxysms of suffocation, in which the extremities became cold and covered with clammy sweat, and the lips, tongue, and cheeks deeply purple. Saturday afternoon violent pain in the bowels came on, and he continued through that night and the day following in extreme agony.

I saw him Sunday evening, in consultation with Dr. Ames. He was in bed, with head and shoulders elevated. Although not sleeping, he was quiet and dozy, being free from pain and under the influence of large opiates. His respirations were 56 in a minute, short, imperfect and groaning. His pulse was very irregular and small—as nearly as could be counted, 130. His lips and cheeks were purple, and his extremities cold.

Of auscultation of the heart at this time I can give no satisfactory account, the sounds having become so mixed and confused as to resemble in my ear only the wild rushing of wind in a storm.

He died very suddenly in the night.

The autopsy was made thirty hours after death. The right pleural cavity contained between two and three pints of thin, straw-

colored serum, and there was a somewhat smaller quantity in left. In the pericardium there was also a small effusion, and in the peritoneal cavity two or three pints. The heart was more than double its usual size; the walls of the right ventricle being relatively more hypertrophied than the left. There was a small spot (as large as the thumb-nail) of recent lymph upon anterior surface of right ventricle, and traces of lymph along the course of the anterior coronary vein. The interventricular opening had, in the recent specimen, more the form of a half circle than now appears, and would easily pass the middle finger. The crescentic edge was thick and rounded, towards the septum between the ventricles. The valves of the pulmonary artery were nearly or quite normal—contrary to what is usually observed in these cases. The aneurism was empty and flaccid, and its walls extremely delicate and thin. It would just admit, and fitted like the finger of a glove, the terminal phalanx of my forefinger and about one fourth of the next. Its origin was from one of the pouches just at the aortal valves.

This man lived just two months after the pain first felt from lifting the stone, and just four weeks after my first examination; and it was my opinion that the aneurism commenced at the time he lifted the stone. The rupture of this pouch, which was very distinct in the recent specimen, was caused, I have no doubt, by the violent vomiting of Friday night and Saturday morning, and gave rise to the extreme agony of his last few days of life.

CASE II.—*Stricture of Œsophagus; Adhesion to Trachea; Ulceration and Perforation.*—Sept. 22d, 1860, I was consulted by Mrs. W., aged 42, a short, spare woman, of dark and somewhat sallow complexion. She was married, but had no children, and for some months had been growing irregular in her menstrual habits. She informed me that her disease was stricture of the *œsophagus*, that she had suffered from it for twenty-four years, and that it was owing to an injury, as she supposed, caused by swallowing a chicken bone.

For the first two or three years in which it troubled her, her health became so much impaired that her life was despaired of. She could only take liquid food, and that in very small quantities, and was constantly annoyed by lodgment of food above the stricture. Twenty years before I saw her, she had visited Boston, and placed herself under the care of Drs. Warren and Hayward, at the Hospital. Ivory-headed bougies were passed, and at her dismissal she was provided with a pair, of different sizes, and directed to use them from time to time as subsequent occasion might require. Under this treatment great improvement took place, and until within the last four weeks the stricture had given her very little inconvenience for many years.

Some time during August she had found the obstruction to food increasing, and that swallowing or passing the bougies was attended with soreness and pain. These symptoms had rapidly increased in

severity up to the time when I saw her. There was then, as passing the ball probang (about three eighths of an inch in diameter) proved, a stricture, about three inches below the fauces, through which the instrument passed with difficulty, as if over a rough, broken, cartilaginous surface, of at least two inches in extent. Its passage was attended with a good deal of pain. There was then no difficulty of breathing.

In just four weeks, I saw Mrs. W. again. The difficulty of swallowing, the pain and the soreness of the passage had all very much increased, and in addition she had most distressing dyspnœa. She had paroxysms of breathing resembling the spasmodic croup of infants, though not affecting her voice; and during these paroxysms her respiration was excessively labored and painful. She could take but little food, and that cost her great effort and distress. Soon after this the dyspnœa became continuous, with occasional exacerbations of agonizing severity; swallowing of food became almost entirely impossible, and nourishment by injection the only practicable method. There had been some cough from the first accession of dyspnœa, but there was no expectoration until a few days before death. Then there was at first small, scanty sputa of pus, but at last occasional gushes of purulent matter, of considerable quantity at a time. Mrs. W. died Nov. 7, 1860.

The specimen shows the ulceration to be even more extensive than it was supposed to be during life.

CASE III.—*Large Simple Cyst in Mammary Gland.*—Jan. 29th, 1863, I was called to see Mrs. L., aged 62, a lady of fine personal appearance and excellent general health, but somewhat inclined to corpulency. Some three years previous, she first discovered a small, painless tumor in right breast, which grew slowly, giving rise to no inconvenience, until at the end of two years it had become "as large as a goose egg." From this time she began to give it considerable attention, and made "a great many applications" to it, and it increased with corresponding rapidity. For a few weeks prior to my examination the growth had been very rapid, and discoloration of its summit had taken place.

I found a large, globular, fluctuating tumor, occupying the whole of the right breast; the skin upon its summit thin, tense, shining, and of greenish color; the nipple pushed away to the outer side, and the whole mass perfectly free and unattached. It had become exceedingly troublesome by its bulk and weight. I removed it on the next day; the wound healed promptly, and the patient has been perfectly well since.

The whole mass removed weighed, in the fresh state, three and a quarter pounds; the contained fluid was over one and one half pints, and consisted of thin, bloody liquid, intermingled with shreds and flakes of dirty, soft coagula. There was but *one* cyst. There was, especially at the base and dependent portions, some masses

which looked like adherent, firm coagula, and there were also some looser, tuft-like masses, from which floated loose shreds of tissue into the fluid. Otherwise the inner surface was smooth and shining.

I infer that the rapid growth towards the last, and the discoloration, were caused by hæmorrhage within the cyst.

ON THE TREATMENT OF WHOOPING COUGH BY BELLADONNA
AND SULPHATE OF ZINC.

By E. GARRAWAY, Esq., M.R.C.S.E.

UNTIL a comparatively recent period the treatment of whooping cough may justly have been regarded as one of the *opprobria medici*. The authorities of the profession not even yet being agreed upon its true pathology, it is no marvel that the treatment has been more or less empirical; that notwithstanding there have been countless "infallible specifics," yet the ordinary duration of whooping cough, except when the epidemic prevails in a mild form, is still three, and even during the winter as much as six, months.

I am not about to enter into the question of the specific nature of the disorder, whether its seat be in the mucous or muscular lining of the air-passages, in the brain, the spinal cord, the stomach, the pneumogastric nerve, or elsewhere. The preponderance of opinion in the present day is largely in favor of its being a nervous disorder; and at least it would appear to have quite as much claim to be so considered as asthma, ague, chorea, epilepsy, or other convulsive disorders which it has been found impossible to localize. In mild, uncomplicated cases of whooping cough, not even functional derangement of any organ can be detected. In the intervals of the attacks of cough and concomitant spasm, a state of perfect health subsists.

The observations I have to offer are solely confined to "treatment," and one form of treatment—viz., that by belladonna and sulphate of zinc. A very extensive prevalence of whooping cough during the past winter has afforded considerable opportunities of testing the value of these remedies; indeed, I have treated every one of my cases—numbering between fifty and sixty, and these limited to private practice—with zinc and belladonna, to the exclusion of all other remedies. Of course the supervention of anything like bronchitis or pulmonary congestion has required the administration of emetics; but these cases have been rare, and in only two have I had occasion to suspend the belladonna treatment for two or three days, and substitute for it ipecacuanha, antimony and external counter-irritants. In the comparatively small number of fifty cases, it is not surprising that I have no death to record. The mortality, however, has been exceedingly large—in London amounting to from 80 to 100 a week during several months—once